Case 17-18172 Doc 1 Filed 06/15/17 Entered 06/15/17 12:14:59 Desc Main Document Page 1 of 63

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: | Identify Yourself | | |
|-----|---|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | Write | e the name that is on | Anita | |
| | your government-issued picture identification (for example, your driver's | First name | First name | |
| | licer | nse or passport). | Middle name | Middle name |
| | Bring your picture | | Johnson | |
| | | tification to your ting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All c | other names you have | | |
| | | d in the last 8 years | FKA Anita Kelsor | |
| | | ude your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security nber or federal vidual Taxpayer tification number | xxx-xx-7731 | |

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Case number (if known)

Debtor 1 Anita Johnson

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|--|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 3174 W. Meadowlane Dr Unit 34 Merrionette, IL 60803 | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code |
| ò. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |

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Case number (if known) Debtor 1 Anita Johnson

| ar | Tell the Court About | our Ba | nkruptcy Ca | se | | | | |
|--|---|-------------|--|--|---|--|---|--|
| 7. The chapter of the Bankruptcy Code you are Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | uals Filing for Bankruptcy | | |
| | choosing to file under | ☐ Ch | apter 7 | | | | | |
| | | ☐ Ch | apter 11 | | | | | |
| | | ☐ Ch | apter 12 | | | | | |
| | | ■ Ch | apter 13 | | | | | |
| 3. | How you will pay the fee | | about how you order. If your a a pre-printed a | u may pay. Typica attorney is submit address. | ally, if you are paying tting your payment on | the fee yourself, your behalf, you | you may pay with cash ur attorney may pay with | r local court for more details a, cashier's check, or money a credit card or check with |
| | | | | | Iments. If you choose Official Form 103A). | e this option, sigi | n and attach the <i>Applica</i> | ation for Individuals to Pay |
| | | | I request that but is not requ applies to you | t my fee be waive uired to, waive your family size and | ed (You may request ur fee, and may do so you are unable to pay | only if your inco the fee in instal | ome is less than 150% o | oter 7. By law, a judge may, of the official poverty line that this option, you must fill out your petition. |
| _ | Have you filed for | | | | | | | |
| ,. | bankruptcy within the last 8 years? | □ No. ■ Yes | | | | | | |
| | | | District | ilnbke | When | 8/05/16 | Case number | 16-25204 |
| | | | District | ilnbke | When | 5/02/14 | Case number | 14-16683 |
| | | | District | | When | | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | S. | | | | | |
| | | | Debtor | | | | Relationship to y | ou |
| | | | District | | When | | Case number, if | known |
| | | | Debtor | | | | Relationship to y | ou |
| | | | District | | When | | Case number, if | known |
| 11. | Do you rent your residence? | □ No. | Go to li | ne 12. | | | | |
| | residence: | ■ Yes | s. Has you | ur landlord obtain | ed an eviction judgme | ent against you a | and do you want to stay | in your residence? |
| | | | | No. Go to line 12 | | | | |
| | | | _ | Yes. Fill out <i>Initia</i> bankruptcy petition | | n Eviction Judgm | ent Against You (Form | 101A) and file it with this |

Document Page 4 of 63 Case number (if known) Debtor 1 Anita Johnson Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor?

For a definition of small

business debtor, see 11 U.S.C. § 101(51D).

I am not filing under Chapter 11. No.

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| No. |
|-----|
| |

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Anita Johnson Page 5 of 63 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit

counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Anita Johnson | | Document | Page 6 of 63 | Case number (if I | known) | | |
|------|--|--|--|--|----------------------|---|--|--|
| Part | | ions for Per | porting Purposes | | · | | | |
| | What kind of debts do you have? | 16a. <i>A</i> | | | | in 11 U.S.C. § 101(8) as "incurred by an | | |
| | | Ι | ☐ No. Go to line 16b. | | | | | |
| | | ı | Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | [| ☐ No. Go to line 16c. | | | | | |
| | | [| ☐ Yes. Go to line 17. | | | | | |
| | | 16c. S | State the type of debts you owe tha | t are not consumer de | ebts or business de | ebts | | |
| 17. | Are you filing under Chapter 7? | ■ No. | am not filing under Chapter 7. Go | to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | am filing under Chapter 7. Do you are paid that funds will be available | | | is excluded and administrative expenses | | |
| | administrative expenses are paid that funds will | [| □ No | | | | | |
| | be available for distribution to unsecured creditors? | [| □Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | 2 5,001-50,000 | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | | □ 50,001-100,000 | | |
| | | ☐ 100-199 ☐ 200-999 | | 10,001-25,000 | | ☐ More than100,000 | | |
| 19. | How much do you | \$ 0 - \$50 | 0,000 | □ \$1,000,001 - \$10 r | million | □ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,001 - \$100,000 | | □ \$10,000,001 - \$50 | | □ \$1,000,000,001 - \$10 billion | | |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | \$50,000,001 - \$10 \$100,000,001 - \$5 | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| 20. | How much do you | □ \$0 - \$50 | 0,000 | □ \$1,000,001 - \$10 r | million | □ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 1 - \$100,000 | □ \$10,000,001 - \$50 million | | □ \$1,000,000,001 - \$10 billion | | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 - \$10 □ \$100,000,001 - \$5 | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| Part | 7: Sign Below | | | | | | | |
| For | you | I have exar | mined this petition, and I declare ur | nder penalty of perjury | that the information | on provided is true and correct. | | |
| | | | osen to file under Chapter 7, I am a tes Code. I understand the relief av | | | der Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7. | | |
| | | | ey represents me and I did not pay I have obtained and read the notic | | | attorney to help me fill out this | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | |
| | | bankruptcy and 3571. | | | | | | |
| | | /s/ Anita J Anita John Signature o | nson | Signa | ature of Debtor 2 | | | |
| | | Executed of | on June 15, 2017 | Exec | cuted on | | | |
| | | | MM / DD / YYYY | | MM / DI | D / YYYY | | |

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Debtor 1 Anita Johnson Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jason Blust, Law Office of Jason Blust Signature of Attorney for Debtor | Date | June 15, 2017 MM / DD / YYYY |
|--|---------------|---------------------------------|
| Jason Blust, Law Office of Jason Blust Printed name | | |
| Law Office of Jason Blust, LLC | | |
| Firm name | | |
| 211 W Wacker Drive | | |
| STE 300 | | |
| Chicago, IL 60606 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (312) 273-5001 | Email address | |
| #6276382 | | |
| Bar number & State | | |

| | | 17(7(3)))) | | |
|--------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Anita Johnson | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |
| if known) | | | | |
| | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B. 1b. Copy line 62, Total personal property, from Schedule A/B. 1c. Copy line 62, Total personal property, from Schedule A/B. 1c. Copy line 63, Total of all property on Schedule A/B. 1c. Copy line 63, Total of all property on Schedule A/B. 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F. 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F. 40,903 Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I. 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J. 6. Are you filling for bankruptcy under Chapters 7, 11, or 13? | Pa | t 1: Summarize Your Assets | | |
|---|-----|--|--------------|-----------|
| 1a. Copy line 55, Total real estate, from Schedule A/B | . a | Communication Footbase Communication Communi | | |
| 1c. Copy line 63, Total of all property on Schedule A/B | 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| Part 2: Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 12,870.00 |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 12,870.00 |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | Pa | t 2: Summarize Your Liabilities | | |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | | | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | 2. | | \$ | 11,678.07 |
| Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 9,699.59 |
| Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 43,525.61 |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | Your total liabilities | \$ | 64,903.27 |
| Copy your combined monthly income from line 12 of Schedule I | Pa | t 3: Summarize Your Income and Expenses | | |
| Copy your monthly expenses from line 22c of Schedule J | 4. | | \$ | 4,161.00 |
| 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? | 5. | | \$ | 3,866.00 |
| | Pa | t 4: Answer These Questions for Administrative and Statistical Records | | |
| No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other sch | nedules. |
| Yes 7. What kind of debt do you have? | 7. | — | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

4,571.11

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | al claim |
|--|-----|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 9,699.59 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 25,064.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 34,763.59 |

Document Page 10 of 63 Fill in this information to identify your case and this filing: Debtor 1 Anita Johnson First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Chrysler 3.1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: 200 Creditors Who Have Claims Secured by Property. Debtor 1 only Model: 2012 Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another surrender \$7,000.00 \$7,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$7,000,00 Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property

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Case number (if known) Document Debtor 1 Anita Johnson Yes. Describe..... \$800.00 Miscellaneous used household goods 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$250.00 2 TVs, latop 8. Collectibles of value Examples: Antiques and figurines: paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Personal Used Clothing \$600.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$50.00 Miscellaneous costume jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,700.00 for Part 3. Write that number here

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Doc 1

Current value of the portion you own? Do not deduct secured

Desc Main

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Debtor 1 Anita Johnson claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... \$170.00 17.1. Checking account with Fidelity 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☐ No Yes. Give specific information about them..... % of ownership: Name of entity: Johnson's Lawn Maintenance, Sole proprietorship 2013 Nissan Pathfinder in business name, owes \$0.00 % \$26,000 on vehicle so no value 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 401K \$4,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

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|-----|-------------------|---|------------------------------------|--|---|---|
| De | ebtor 1 | Anita Johnson | | Bocament | Case number (if known) | |
| | Trusts | , equitable or future in | terests in prope | rty (other than anythin | g listed in line 1), and rights or powers exe | rcisable for your benefit |
| | ☐ Yes. | Give specific information | on about them | | | |
| | | | | ets, and other intellecturoceeds from royalties a | al property nd licensing agreements | |
| | ☐ Yes. | Give specific information | on about them | | | |
| | | es, franchises, and ot ples: Building permits, e | | | n holdings, liquor licenses, professional license | es |
| | _ | Give specific information | on about them | | | |
| М | oney or | property owed to you | ? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Tax ref ■ No | funds owed to you | | | | |
| | _ | Give specific information | on about them, inc | cluding whether you alrea | ady filed the returns and the tax years | |
| | | support oles: Past due or lump s | sum alimony, spo | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| | ☐ Yes. | Give specific information | on | | | |
| | Exam _l | amounts someone ow oles: Unpaid wages, dis benefits; unpaid lo | ability insurance | | efits, sick pay, vacation pay, workers' comper | nsation, Social Security |
| | ■ No □ Yes. | Give specific information | on | | | |
| | | ets in insurance policional poles: Health, disability, co | | nealth savings account (I | HSA); credit, homeowner's, or renter's insurar | nce |
| | ☐ Yes. | Name the insurance co | ompany of each po Company name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| | If you a some of | terest in property that are the beneficiary of a one has died. Give specific information | living trust, expec | someone who has die ot proceeds from a life in: | ed surance policy, or are currently entitled to rece | eive property because |
| | Examµ ■ No | | ment disputes, in | you have filed a lawsui surance claims, or rights | it or made a demand for payment to sue | |
| 34. | Other o | | | every nature, including | g counterclaims of the debtor and rights to | set off claims |
| | ■ No □ Yes. | Describe each claim | | | | |
| 35. | Any fin ■ No | nancial assets you did | not already list | | | |
| | | Give specific information | on | | | |

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| Deb | otor 1 | Anita Johnson | ————— | Case number (if known) | |
|--------------|--------|--|----------------------------------|------------------------------|-------------|
| 36. | | the dollar value of all of your entries from Part 4, inc art 4. Write that number here | | | \$4,170.00 |
| Part | 5: De | scribe Any Business-Related Property You Own or Have ar | n Interest In. List any real est | ate in Part 1. | |
| 37. [| Do you | own or have any legal or equitable interest in any business | -related property? | | |
| | No. Go | o to Part 6. | | | |
| | Yes. C | Go to line 38. | | | |
| Part | | escribe Any Farm- and Commercial Fishing-Related Propert you own or have an interest in farmland, list it in Part 1. | y You Own or Have an Intere | st In. | |
| 46. | | u own or have any legal or equitable interest in any t | farm- or commercial fishi | ng-related property? | |
| | No. | Go to Part 7. | | | |
| | ☐ Yes | s. Go to line 47. | | | |
| | | _ | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in Th | at You Did Not List Above | | |
| -0 | Do voi | u have other property of any kind you did not alread | v liet? | | |
| os. | | ples: Season tickets, country club membership | y list? | | |
| | ■ No | , | | | |
| | | Give specific information | | | |
| | | • | | | |
| 54. | Add t | the dollar value of all of your entries from Part 7. Wr | ite that number here | | \$0.00 |
| | | | | | |
| Part | 8: | List the Totals of Each Part of this Form | | | |
| | | | | | |
| | | 1: Total real estate, line 2 | | | \$0.00 |
| | | 2: Total vehicles, line 5 | \$7,000.00 | | |
| 57. | Part 3 | 3: Total personal and household items, line 15 | \$1,700.00 | | |
| 58. | Part 4 | 4: Total financial assets, line 36 | \$4,170.00 | | |
| 59. | Part 5 | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$12,870.00 | Copy personal property total | \$12,870.00 |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$12,870.00

| Fill in this inform | mation to identify your | case: | | |
|---------------------|---|-------------------|-------------|--|
| | • | | | |
| Debtor 1 | Anita Johnson | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|--|--------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. |
| Miscellaneous used household goods Line from Schedule A/B: 6.1 | \$800.00 | \$800.00 735 ILCS 5/12-1001(b) |
| Line from Gonedate 7VB. G. 1 | | □ 100% of fair market value, up to any applicable statutory limit |
| 2 TVs, latop | \$250.00 | \$250.00 735 ILCS 5/12-1001(b) |
| Line from Schedule AVD. 1.1 | | □ 100% of fair market value, up to any applicable statutory limit |
| Personal Used Clothing Line from Schedule A/B: 11.1 | \$600.00 | \$600.00 735 ILCS 5/12-1001(a) |
| Line from Gonedate 7VB. TT.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Miscellaneous costume jewelry Line from Schedule A/B: 12.1 | \$50.00 | \$50.00 735 ILCS 5/12-1001(b) |
| Line from Schedule AVD. 12.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Checking account with Fidelity Line from Schedule A/B: 17.1 | \$170.00 | \$170.00 735 ILCS 5/12-1001(b) |
| Line from Schedule PVD. 17.1 | | 100% of fair market value, up to any applicable statutory limit |

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Debtor 1 Anita Johnson

Brief description of the property and line on Schedule A/B that lists this property

Copy the value from Schedule A/B

Line from Schedule A/B: 21.1

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Case number (if known)

Current value of the portion you claim
Copy the value from Schedule A/B

Check only one box for each exemption.

The position of the exemption of the exemption you claim of the exemption of the exem

| | | | Schedule A/B | | | |
|----|-----------------|--|-----------------------------|---------|---|--------------------|
| | 401K Line fr | rom Schedule A/B: 21.1 | \$4,000.00 | | 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| 3. | (Subje | ou claiming a homestead exemption ect to adjustment on 4/01/19 and every No 'es. Did you acquire the property cover No Yes | 3 years after that for case | ses fil | • | , |
| | | | | | | |

| | Ca | se 17-18172 | Doc 1 Filed 06/15/17 Document | Entere Page 17 | ed 06/15/17 12:: | 14:59 Desc M | lain |
|---------|-------------------------------------|---------------------------|--|-------------------|--|--|--------------------------|
| Filli | in this inform | nation to identify you | | F AUC. I | 01 0.3 | | |
| Deb | tor 1 | Anita Johnson | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| | tor 2 use if, filing) | First Name | Middle Name | Last Name | | | |
| | | nkruptcy Court for the | : NORTHERN DISTRICT OF ILI | LINOIS | | | |
| Coo | o numbor | | | | | | |
| (if kno | e number | | | | | | if this is an |
| | | | | | | amend | led filing |
| Offi | icial Form | n 106D | | | | | |
| Sc | hedule | D: Creditors | Who Have Claims | Secure | d by Propert | y | 12/15 |
| s nee | eded, copy the per (if known). | | If two married people are filing togeth out, number the entries, and attach it | | | | |
| | | | this form to the court with your other | echadulae V | ou have nothing else t | o report on this form | |
| | _ | all of the information | , | scriedules. 1 | ou have nothing else to | o report on this form. | |
| Part | | I Secured Claims | below. | | | | |
| | | | more than one secured claim, list the cre | oditor congratoly | , Column A | Column B | Column C |
| for e | ach claim. If me | ore than one creditor has | indice than one secured claim, list the creation is a particular claim, list the other creditor is a particular claim, list the creditor's name and other creditor's name is a particular transfer of the creditor's name is a particular transfer of the creditor is a particular transfer | s in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Southern A | Auto Finance | Describe the property that secures | the claim: | \$11,678.07 | \$7,000.00 | \$4,678.07 |
| | Creditor's Name | 3 | 2012 Chrysler 200 surrender | | | | |
| | | drews Ave # 5 | As of the date you file, the claim is: apply. | Check all that | | | |
| | | erdale, FL 33309 | Contingent | | | | |
| | Number, Street, | City, State & Zip Code | ☐ Unliquidated☐ Disputed | | | | |
| Who | owes the de | bt? Check one. | Nature of lien. Check all that apply. | | | | |
| | ebtor 1 only | | ☐ An agreement you made (such as car loan) | mortgage or se | cured | | |
| | bebtor 1 and De | btor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| | | ne debtors and another | ☐ Judgment lien from a lawsuit | • | | | |
| | Check if this cla community del | aim relates to a bt | ■ Other (including a right to offset) | Automobile | Lien | | |
| Date | debt was incu | ırred | Last 4 digits of account num | ber | | | |
| | | | | | | | |
| | | • | Column A on this page. Write that num | | \$11,67 | 8.07 | |
| | his is the last ite that numbe | | the dollar value totals from all pages | | \$11,67 | 8.07 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | | Doo | ument Pag | e 18 of (| 63 | | |
|-------------------------|--|---|---|--|--------------------------------|--|--|--------------------------------|
| Fill | in this information to | identify your o | | | | | | |
| Deb | otor 1 Anita | Johnson | | | | | | |
| | First Na | | Middle Name | Last Na | me | | | |
| | otor 2 | | Maria III. | | | | | |
| (Spoi | use if, filing) First Na | ame | Middle Name | Last Na | me | | | |
| Unit | ed States Bankruptcy | Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | | | | |
| Cas | e number | | | | | | | |
| (if kn | | | | | | | ☐ Check | if this is an |
| | | | | | | | amend | led filing |
| ∩ff | icial Form 1061 | =/= | | | | | | |
| | icial Form 106 | | ha Haya Un | accurad Clain | | | | 12/15 |
| | hedule E/F: Ci | | | | | | IDDIODITY I | |
| Sche Sche left. A | executory contracts or under the delegation of t | tracts and Unexpi Have Claims Secu Page to this pag | red Leases (Official red by Property. If r | Form 106G). Do not incomore space is needed, | lude any cre copy the Par | editors with partially s t you need, fill it out, | secured claims that a number the entries in | re listed in nthe boxes on the |
| Par | List All of You | r PRIORITY Un | secured Claims | | | | | |
| 1. | Do any creditors have p | oriority unsecured | l claims against yοι | 1? | | | | |
| | ■ No. Go to Part 2. | | | | | | | |
| | Yes. | | | | | | | |
| | List all of your priority of identify what type of claim possible, list the claims in Part 1. If more than one of (For an explanation of earths) | n it is. If a claim ha n alphabetical orde creditor holds a par | s both priority and no r according to the cre ticular claim, list the | npriority amounts, list tha ditor's name. If you have other creditors in Part 3. | t claim here a more than tw | and show both priority a | and nonpriority amount | ts. As much as |
| | n | ion type or ordini, o | | | ni boomon) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | IRS | | Last 4 o | ligits of account number | er | \$654.00 | \$654.00 | \$0.00 |
| | Priority Creditor's Na Special Procedu PO Box 7346 | | Cy When w | vas the debt incurred? | 2015 | | = | |
| | Philadelphia, PA | 4 19101 | | | en ins Obsession | -11 46 -4 | | |
| | Who incurred the deb | • | | e date you file, the clai | n is: Check a | ан тлат арріу | | |
| | ■ Debtor 1 only | er onook ono. | ☐ Con | • | | | | |
| | | | _ | quidated | | | | |
| | Debtor 2 only | | ☐ Disp | | .laim. | | | |
| | ☐ Debtor 1 and Debto | • | | PRIORITY unsecured | iaim: | | | |
| | At least one of the d | | ' <u> </u> | estic support obligations | | | | |
| | ☐ Check if this claim | | <i>'</i> | es and certain other debt | • | • | | |
| | Is the claim subject to | offset? | | ms for death or personal | njury while yo | ou were intoxicated | | |
| | ■ No | | ☐ Othe | er. Specify | | | | |
| | ☐ Yes | | | taxes | | | | |

| Debtor 1 Anita Johnson | —————————————————————————————————————— | Case number (if know) | | |
|---|--|--|-----------------------------|--------------|
| 2.2 IRS | Last 4 digits of account number | \$6,732.59 | \$6,732.59 | \$0.00 |
| Priority Creditor's Name Special Procedures - Insolvency PO Box 7346 Philadelphia, PA 19101 | When was the debt incurred? | 2012 taxes, assessed 2014 | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | |
| Debtor 1 only | ☐ Unliquidated | | | |
| ☐ Debtor 2 only | ☐ Disputed | | | |
| ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | aim: | | |
| ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | |
| ☐ Check if this claim is for a community debt | Taxes and certain other debts y | you owe the government | | |
| Is the claim subject to offset? | \square Claims for death or personal inj | jury while you were intoxicated | | |
| No | Other. Specify | | | |
| ☐ Yes | tax | | | |
| 2.3 IRS | Last 4 digits of account number | \$2,313.00 | \$2,313.00 | \$0.00 |
| Priority Creditor's Name Special Procedures - Insolvency PO Box 7346 Philadelphia, PA 19101 | When was the debt incurred? | 2016 | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | |
| ■ Debtor 1 only | ☐ Unliquidated | | | |
| ☐ Debtor 2 only | ☐ Disputed | | | |
| ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | aim: | | |
| ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | |
| ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts y □ Claims for death or personal inj | • | | |
| ■ No | ☐ Other. Specify | | | |
| ☐ Yes | tax | | | |
| Part 2: List All of Your NONPRIORITY Unsec | cured Claims | | | |
| Do any creditors have nonpriority unsecured claim | | | | |
| ☐ No. You have nothing to report in this part. Submi | | schedules | | |
| Yes. | . and to the death manyour canon | | | |
| 4. List all of your nonpriority unsecured claims in th unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other Part 2. | claim. For each claim listed, identify wh | nat type of claim it is. Do not list clain | ns already included in Part | t 1. If more |

Total claim

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| Debto | or 1 Anita Johnson | Case number (if know) | |
|-------|--|---|------------|
| 4.1 | Allied Collection Services | Last 4 digits of account number 79N1 | \$0.00 |
| | Nonpriority Creditor's Name 8550 Balboa Blvd | When was the debt incurred? | |
| | Suite 232 | | |
| | Northridge, CA 91325 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | $oxedsymbol{\square}$ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify 01 Nutribullet Llc | |
| 4.2 | American InfoSource LP as agent for | Last 4 digits of account number | \$2,467.02 |
| | Nonpriority Creditor's Name | | • • • |
| | Verizon | When was the debt incurred? | |
| | POB 248838 Oklahoma City, OK 73124 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | <u></u> | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other. Specifycollection | |
| | | — Officer, opening | |
| 4.3 | Ashley Funding | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name c/o Resurgent Capital Services | When was the debt incurred? | |
| | POB 10587 | | |
| | Greenville, SC 29603 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify collection | |
| | | | |

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Case number (if know)

| Debie | Anila Johnson | | | |
|-------|--|---|--|------------|
| 4.4 | AT&T | Last 4 digits of account number | | \$700.00 |
| | Nonpriority Creditor's Name 225 W Randolph St | | | |
| | Floor 27A | | | |
| | Chicago, IL 60606 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | paration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-shari | ing plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify utility | | |
| | | . , | | |
| 4.5 | Chase Card Services Nonpriority Creditor's Name | Last 4 digits of account number | 9463 | \$0.00 |
| | Attn: Correspondence Dept | | Opened 2/19/15 Last Active | |
| | Po Box 15298 | When was the debt incurred? | 6/30/16 | |
| | Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sep | paration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | , | |
| | No | Debts to pension or profit-shari | ing plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.6 | City of Chicago Parking | Last 4 digits of account number | | \$4,627.50 |
| | Nonpriority Creditor's Name | - When we the debt in some 42 | | <u> </u> |
| | Dept of Revenue PO Box 88292 | When was the debt incurred? | | |
| | Chicago, IL 60680 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | ☐ Contingent ☐ Unliquidated | | |
| | Debtor 2 only | | | |
| | Debtor 1 and Debtor 2 only | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | ed claim: | |
| | ☐ Check if this claim is for a community debt | | | |
| | ls the claim subject to offset? | Obligations arising out of a sep report as priority claims | paration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-shari | ing plans, and other similar debts | |
| | ☐ Yes | Other. Specify tickets | | |
| | · - | - Other. Openly | | |

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| Debic | Anita Johnson | Case number (if know) | |
|-------|---|---|------------|
| 4.7 | City of Hometown Nonpriority Creditor's Name | Last 4 digits of account number | \$200.00 |
| | c/o Municipal Collections of Americ 3348 Ridge Rd Lansing, IL 60438 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specifycollection | |
| 4.8 | Comcast Cable Nonpriority Creditor's Name | Last 4 digits of account number | \$400.00 |
| | PO Box 3002 Southeastern, PA 19398 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify utility | |
| 4.9 | ComEd | Last 4 digits of account number | \$2,013.50 |
| | Nonpriority Creditor's Name 3 Lincoln Center | When was the debt incurred? | · |
| | Attn: Bankruptcy Dept | | |
| | Oakbrook Terrace, IL 60181 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify utility | |

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| Debt | OF Anita Johnson | | Case number (if know) | |
|----------|--|--|---|----------|
| 4.1 0 | Credit One Bank Na | Last 4 digits of account number | 6599 | \$0.00 |
| | Nonpriority Creditor's Name | _ | On an ad 40/00/40 I and Anti- | |
| | Po Box 98873 Las Vegas, NV 89193 | When was the debt incurred? | Opened 12/03/12 Last Active 4/25/13 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | | |
| 4.1 | Diversified Svs Group | Last 4 digits of account number | 3833 | \$0.00 |
| | Nonpriority Creditor's Name | | | |
| | Attention: Bankruptcy Department 1824 W Grand Ave - Suite 200 | When was the debt incurred? | | |
| | Chicago, IL 60622 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • | , | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Med1 02 Ad | ccelerated Rehab Centers | |
| 4.1 | Doctor Cross Comics | | | \$204.95 |
| 2 | Doctor Green Services Nonpriority Creditor's Name | Last 4 digits of account number | | φ204.95 |
| | ABC Credit & Recovery POB 3722 | When was the debt incurred? | | |
| | Lisle, IL 60532 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | в. Спеск ан шасарру | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | ☐ Yes | ■ Other, Specifycollection- | - | |

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| Debt | OF Anita Johnson | | Case number (if know) | |
|----------|---|---|---|------------|
| 4.1 3 | Dsnb Bloomingdales | Last 4 digits of account number | 5871 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053 | When was the debt incurred? | Opened 8/12/13 Last Active 1/06/14 | |
| | Mason, OH 45040 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | • | |
| | Yes | Other. Specify Charge Acc | ount | |
| 4.1 4 | Evergreen Park Community High Schoo | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name 9901 S Kedzie Ave Evergreen Park, IL 60805 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | ls the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify collection | | |
| 4.1 5 | Evergreen Park Police Dept Nonpriority Creditor's Name | Last 4 digits of account number | | \$6,250.00 |
| | 9420 S Kedzie Ave Evergreen Park, IL 60805 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | Later | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | a plane, and other similar debts | |
| | ■ No | Debts to pension or profit-sharin | ig pians, and other similar debts | |
| | ☐ Yes | Other Specify tickets | | |

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Debtor 1 Anita Johnson Case number (if know) 4.1 Fst Premier 9038 \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 2/08/13 Last Active 601 S Minneapolis Ave When was the debt incurred? 4/21/13 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card ☐ Yes Illinois Bell Telephone Company \$0.00 Last 4 digits of account number Nonpriority Creditor's Name One AT&T Way, Room 3A104 When was the debt incurred? Bedminster, NJ 07921 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify utility 4.1 Illinois Lending Corporation \$0.00 Last 4 digits of account number 8 Nonpriority Creditor's Name When was the debt incurred? 724 W Washington Blvd 1st Floor Chicago, IL 60661 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify collection

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| otor 1 Anita Johnson | Case number (if know) | |
|--|---|--|
| Illinois Tollway | Last 4 digits of account number | \$0.00 |
| Nonpriority Creditor's Name 2700 Ogden Ave | When was the debt incurred? | <u>-</u> |
| Downers Grove, IL 60515 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify tolls | |
| MCOA | Last 4 digits of account number | \$0.00 |
| Nonpriority Creditor's Name | | 70.00 |
| Village of Worth 3348 Ridge Rd | When was the debt incurred? | |
| Lansing, IL 60438 | _ | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify collection | |
| | 4770 | * *********************************** |
| Merchants Credit Nonpriority Creditor's Name | Last 4 digits of account number 4779 | \$0.00 |
| 223 W Jackson Blvd Ste 700 | When was the debt incurred? Opened 04/16 | |
| Chicago, IL 60606 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Collection Attorney Midwest Orthopaedics At Other. Specify Rush L | |

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Case number (if know)

| Debtor | 1 Anita Johnson | | Case number (if know) | |
|--------|---|------------------------------------|---|--------|
| 4.2 | | | 0074 | |
| 2 | Merchants Credit | Last 4 digits of account number | 3074 | \$0.00 |
| | Nonpriority Creditor's Name 223 W Jackson Blvd | When was the debt incurred? | Opened 04/15 | |
| | Ste 700 | mon was the dest mountain. | Opened 0-4/10 | |
| | Chicago, IL 60606 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Rush L | ttorney Midwest Orthopaedics At | |
| 4.2 | | | | |
| 3 | Merchants Credit | Last 4 digits of account number | 4780 | \$0.00 |
| | Nonpriority Creditor's Name 223 W Jackson Blvd | When was the debt incurred? | Opened 04/16 | |
| | Ste 700 | when was the debt incurred: | Opened 04/10 | |
| | Chicago, IL 60606 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | • | |
| | Yes | ■ Other. Specify Rush L | ttorney Midwest Orthopaedics At | |
| 4.2 | | | | |
| 4 | Oak Trust Credit Union | Last 4 digits of account number | 5900 | \$0.00 |
| | Nonpriority Creditor's Name | | Opened 03/11 Last Active | |
| | 1807 W Diehl Naperville, IL 60566 | When was the debt incurred? | 11/21/11 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | <u> </u> | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | | |
| | | | | |

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Case number (if know)

| Debtor | 1 Anita Johnson | Case number (if know) | |
|----------|--|---|------------|
| 4.2 | | | |
| 5 | PNC | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name c/o Heavner, Beyers & Mihlar POB 740 | When was the debt incurred? | |
| | Decatur, IL 62525 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| | | Other. Specify | |
| 4.0 | | | |
| 6 | Quantum3 Group LLC | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name | | |
| | PO Box 788 Kirkland, WA 98083-0788 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify collection | |
| | | | |
| 4.2 7 | Sir Finance Corp | Last 4 digits of account number | \$1,398.64 |
| | Nonpriority Creditor's Name | When we the debt in some 10 | |
| | 6140 N. Lincoln Ave Chicago, IL 60659 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ∏ yes | Other Specific Collection | |

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| Debioi | Anita Johnson | | Case number (if know) | | | |
|--------|--|---|---|-------------|--|--|
| 4.2 | Td Auto Fin | Last 4 digits of account number | 1433 | \$0.00 | | |
| | Nonpriority Creditor's Name Po Box 9223 Farmington Hills, MI 48333 | When was the debt incurred? | Opened 5/04/07 Last Active 8/08/13 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharing | | | | |
| | Yes | Other. Specify Automobile | | | | |
| 4.2 | TD Auto Financial | Last 4 digits of account number | 2336 | \$0.00 | | |
| | Nonpriority Creditor's Name Td Auto Finance Po Box 551080 Jacksonville, FL 32255 | When was the debt incurred? | Opened 08/06 Last Active 5/30/07 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Automobile | | | | |
| 4.3 | Us Dept of Ed/Great Lakes Educational Lo Nonpriority Creditor's Name | Last 4 digits of account number | 9581 | \$13,466.00 | | |
| | 2401 International Madison, WI 53704 | When was the debt incurred? | Opened 03/04 Last Active 6/30/16 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | | | | | |
| | Educational | | | | | |

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| JUDIC | Allia Johnson | | Odde Humber (ii know) | | | | |
|----------|--|--|---|-------------|--|--|--|
| 4.3 1 | Us Dept of Ed/Great Lakes Educational Lo | Last 4 digits of account number | 8581 | \$11,598.00 | | | |
| | Nonpriority Creditor's Name 2401 International Madison, WI 53704 | When was the debt incurred? | Opened 08/11 Last Active 6/30/16 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent ☐ Unliquidated | | | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | |
| | \square Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | ☐ Other. Specify Educational | | | | | |
| 4.3 | US Dept of Education | Last 4 digits of account number | 7311 | \$0.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116 | When was the debt incurred? | Opened 3/01/04 Last Active 9/22/06 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loansObligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | ☐ Other. Specify Educational | | | | | |
| 4.3 | US Dept of Education | Last 4 digits of account number | 2036 | \$0.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 | When was the debt incurred? | Opened 3/01/04 Last Active 9/11/12 | | | | |
| | Saint Paul, MN 55116 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | | |
| | \square At least one of the debtors and another | _ | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | Other. Specify | | | | | |
| | | Educational | | | | | |

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| Debic | Anita Johnson | | Case number (if know) | |
|----------|---|--|---|----------|
| 4.3 | US Dept of Education | Last 4 digits of account number | 1936 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116 | When was the debt incurred? | Opened 3/01/04 Last Active 9/11/12 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □ Yes | ☐ Other. Specify | | |
| | | Educational | | |
| 4.3 | | | | |
| 5 | Verizon | Last 4 digits of account number | 0001 | \$0.00 |
| | Nonpriority Creditor's Name 500 Technology Dr Suite 500 | When was the debt incurred? | Opened 03/13 Last Active 1/31/15 | |
| | Weldon Spring, MO 63304 | mon was the dest mountain. | 1/01/10 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.3 6 | Village of Worth | Last 4 digits of account number | | \$200.00 |
| | Nonpriority Creditor's Name c/o Municipal Collections of Americ 3348 Ridge Rd | When was the debt incurred? | | |
| | Lansing, IL 60438 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | \square Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specifycollection- | <u> </u> | |
| | | | | |

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| Debto | or 1 Anita Johnson | | Case number (if know) | |
|-------|--|--|--|--------|
| 4.3 | Visa Dept Store National Bank Nonpriority Creditor's Name | Last 4 digits of account number | 8240 | \$0.00 |
| | Attn: Bankruptcy Po Box 8053 Mason, OH 45040 | When was the debt incurred? | Opened 12/20/12 Last Active 1/06/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | ount | |
| 4.3 | Visa Dept Store National Bank Nonpriority Creditor's Name | Last 4 digits of account number | 4650 | \$0.00 |
| | Attn: Bankruptcy Po Box 8053 Mason, OH 45040 | When was the debt incurred? | Opened 12/11/12 Last Active 9/28/13 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | ount | |
| 4.3 | Whynotlease Nonpriority Creditor's Name | Last 4 digits of account number | 96JJ | \$0.00 |
| | 1750 Elm St Manchester, NH 03104 | When was the debt incurred? | Opened 6/14/13 Last Active 6/14/13 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | L. L. C. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | indices agreement of divolce that you did flot | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other Specify Lease | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Anita Johnson

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Harris 111 W Jackson, Suite 600 Chicago, IL 60604

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 9,699.59 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 9,699.59 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 25,064.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 18,461.61 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 43,525.61 |

| | | Docume | III Paue 34 01 03 | |
|---------------------|--------------------------|-------------------|-------------------|---------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Anita Johnson | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if thi amended fi |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | | | | State what the contract or lease is for |
|-----|--|--------|-------|----------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | 0.1 | | 01.1 | 710.0 | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | Oit. | | 04-4- | 710.0-4- | _ |
| 0.4 | City | | State | ZIP Code | |
| 2.4 | | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | - |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | N | | | | _ |
| | Number | Street | | | |
| | Oit. | | 04-4- | 710.0-4- | _ |
| | City | | State | ZIP Code | |

| | | Documer | nt Page 35 of 63 | |
|----------------------------|---|---|------------------------------------|--|
| Fill in thi | is information to identify you | r case: | | |
| Debtor 1 | Anita Johnson | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | Middle News | Last Name | |
| (Spouse if, f | · | Middle Name | Last Name | |
| United St | tates Bankruptcy Court for the: | NORTHERN DISTRICT (|)F ILLINOIS | |
| Case nur | mber | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| ∩ffici⁄ | al Form 106H | | | |
| | | Jakana | | |
| sche | dule H: Your Cod | leptors | | 12/15 |
| 1. Do □ No ■ Ye 2. W Arizo | o es ithin the last 8 years, have yo ona, California, Idaho, Louisiana o. Go to line 3. | f you are filing a joint case, do bu lived in a community pro a, Nevada, New Mexico, Pue | rto Rico, Texas, Washington, and W | nity property states and territories include |
| □ Ye | es. Did your spouse, former spo | ouse, or legal equivalent live | with you at the time? | |
| in lir Forn | ne 2 again as a codebtor only | if that person is a guaranto | or or cosigner. Make sure you hav | use is filing with you. List the person shown ve listed the creditor on Schedule D (Official hedule D, Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and | ZIP Code | | 2: The creditor to whom you owe the debt all schedules that apply: |
| 3.1 | William Kelsor 2613 W. 89th Place Evergreen Park, IL 60805 | | | edule D, line <u>2.1</u> edule E/F, line <u> </u> |

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| Fill | in this information to identify your ca | ase: | | | | | | | | | |
|-------------|---|--|-------------------------------------|----------------------|---------|--|-----------------------------------|---------|------------|-----------|----------|
| Del | btor 1 Anita Johnso | Anita Johnson | | | | | | | | | |
| | btor 2 puse, if filing) | | | | | | | | | | |
| Uni | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | | |
| _ | se number nown) | - | | | □ A | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date: | | | | | |
| 0 | fficial Form 106I | | | | | N | /M / DD/ Y | /YYY | | | |
| S | chedule I: Your Inc | ome | | | | | | | | | 12/1 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment | ır spouse is not filing w | ith you, do not inclu | de infor | mati | on about | t your spo | ouse. I | If more s | space is | needed, |
| 1. | Fill in your employment information. | Debtor 1 | Debtor 1 | | | | Debtor 2 or non-filing spouse | | | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed | | | | ☐ Employed | | | | |
| | | ,, | ☐ Not employed | | | | ☐ Not employed | | | | |
| | employers. | Occupation | Secretary | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Parkview Ortho | Parkview Ortho Group | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 7600 W College Palos Heights, II | | | | | | | | |
| | | How long employed t | here? 2 years | | | | _ | | | | |
| Pai | Give Details About Mor | nthly Income | | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to r | eport for | any | line, write | ∍ \$0 in the | space | e. Include | your no | n-filing |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the informatio | n for all e | empl | oyers for | that perso | on on t | he lines t | below. If | you need |
| | | | | | For Del | otor 1 | For Debtor 2 or non-filing spouse | | | | |
| 2. | | st monthly gross wages, salary, and commissions (bef ductions). If not paid monthly, calculate what the monthly | | | \$ | 5 | ,316.00 | \$_ | | N/A | |
| 3. | Estimate and list monthly overt | | 3. | +\$ | | 0.00 | +\$ | | N/A | | |
| 4. | Calculate gross Income. Add line 2 + line 3. | | | 4. | \$ | 5,3 | 16.00 | \$ | ; | N/A | |

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| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 4,161.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data. If it | Debt | or 1 | Anita Johnson | _ | Case r | number (if known) | | | | |
|---|------|--------------------|---|--------|--------|-------------------|-------|-----|------|----------|
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. S. 0.000 \$ N/A N/A N/A N/A N/B N/A N/A N/B N/A N/A | | | | | For | Debtor 1 | | | | |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for element plans 5c. Voluntary contributions for featherment fund loans 5d. Social Security 5d. Required repayments of retirement fund loans 5d. Social Security 5d. Social Security 5d. Social Security 6d. Social Security 6d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6d. \$1,155.00 \$ N/A 6d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6d. \$1,155.00 \$ N/A 6d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8d. Net income from rental property and from operating a business, Particularly received: 8a. Net income regularly received: 8a. Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support, appropert, settlement. 8c. \$0.00 \$ N/A 8c. Family support appropert, settlement. 8c. \$0.00 \$ N/A 8c. Family support appropert, settlement. 8c. \$0.00 \$ N/A 8c. Social Security 8c. \$0.00 \$ N/A 8c. Other government assistance that you regularly receive include cach assistance and the value (if known) of any non-cash assistance had you receive such as food stamps, benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8c. \$0.00 \$ N/A 8d. Other government assistance that you regularly receive in | | Cop | y line 4 here | 4. | \$ | 5,316.00 | \$ | | N/A | _ |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for element plans 5c. Voluntary contributions for featherment fund loans 5d. Social Security 5d. Required repayments of retirement fund loans 5d. Social Security 5d. Social Security 5d. Social Security 6d. Social Security 6d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6d. \$1,155.00 \$ N/A 6d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6d. \$1,155.00 \$ N/A 6d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8d. Net income from rental property and from operating a business, Particularly received: 8a. Net income regularly received: 8a. Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support, appropert, settlement. 8c. \$0.00 \$ N/A 8c. Family support appropert, settlement. 8c. \$0.00 \$ N/A 8c. Family support appropert, settlement. 8c. \$0.00 \$ N/A 8c. Social Security 8c. \$0.00 \$ N/A 8c. Other government assistance that you regularly receive include cach assistance and the value (if known) of any non-cash assistance had you receive such as food stamps, benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8c. \$0.00 \$ N/A 8d. Other government assistance that you regularly receive in | 5. | List | all payroll deductions: | | | | | | | |
| 5.5. Mandatory contributions for retirement plans 5.6. Voluntary contributions for retirement plans 5.7. Voluntary contributions for retirement plans 5.8. Required repayments of retirement fund loans 5.9. No Manual State of Sta | | | • • | 5a. | \$ | 917 00 | \$ | | Ν/Δ | |
| 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Roughted repayments fund loans 6d. Add the paryoll deductions. Add line 5a+5b+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+ | | | · | | · — | | · · — | | | _ |
| 5d. Required repayments of retirement fund loans 5e. Insurance 5e. 216,00 \$ N/A 5e. Domestic support obligations 5f. \$ 0.00 \$ N/A 5g. Union dues 5g. \$ 216,00 \$ N/A 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,155,00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 4,161,00 \$ N/A 8. List all other income regularly received: 8a. Not income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8e. Social Security 8e. Social Security or receive Include cash assistance and the value (if known) of any non-cash assistance had you receive, such as 600d stanpple (benefits under the Supplemental Report) or retirement income 18 | | 5c. | · | 5c. | \$ | | \$ | | | |
| 55. Domestic support obligations 55. Union dues 55. Other deductions. Specify: 55. Other deductions. Specify: 55. Other deductions. Specify: 55. Other deductions. Specify: 55. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,155.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$4,161.00 \$ N/A 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. Interest and dividends 8. Interest and dividends 8. Interest and dividends 8. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. \$0.00 \$ N/A 8. \$0.00 | | 5d. | Required repayments of retirement fund loans | 5d. | \$ | | \$ | | | |
| 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6h. \$1,155,00 \$N/A Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6h. \$1,155,00 \$N/A Calculate total monthly take-home pay. Subtract line 6 from line 4h. 7h. \$4,161,00 \$N/A List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$0.00 \$N/A 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony; spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8c. \$0.00 \$N/A 8d. \$0.00 \$N | | 5e. | Insurance | 5e. | \$ | 216.00 | \$ | | N/A | _ |
| 56. Add the payroli deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. Add the payroli deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,155.00 \$ N/A 7. \$ 4,161.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Social Security 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as foot stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 11. \$ 4,161.00 + \$ N/A = \$ 4,161.00 + \$ N/A | | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | | | |
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| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 4,161.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$ 0.00 \$ N/A 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7+ line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. +\$ 0.00 12. \$ 4,161.00 Combined Write that amount on the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,161.00 Combined Monthly income. 13. Do you expect an increase or decrease within the year after you file this form? | | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | | N/A | _ |
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| 8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,161.00 | | 8f. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | \$ | 0.00 | \$ | | N/A | |
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| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 12. \$ 4,161.00 Combined monthly income No. | | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | | N/A | _ |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | | N// | 4 |
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| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,161.00 Combined monthly income No. | | | | | | | | | - | ., |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{4,161.00}{5}\$ Combined monthly income No. \$\frac{15.00}{5}\$ No. | 11. | Incluother Do n | de contributions from an unmarried partner, members of your household, your r friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not | depend | • | • | - | | _ | 0.00 |
| monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. | 12. | Write | e that amount on the Summary of Schedules and Statistical Summary of Certa | | | | | | · — | 4,161.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | | | | | | | | | | |
| | 13. | Do y | · | 1? | | | | | | - |
| | | | | | | | | | | |

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| | is information to identify |) ou ou ou | | | | |
|---------------|--|--|----------------------------|-------------|-----------------------------------|-------------------------------|
| Debtor 1 | A : t - | | | Cho | als if this is: | |
| Deptor i | Anita Johns | son | | Che | ck if this is: An amended filing | |
| Debtor 2 | | | | | A supplement show | wing postpetition chapter |
| (Spouse | , if filing) | | | | 13 expenses as of | the following date: |
| United S | tates Bankruptcy Court for th | he: NORTHERN DISTRICT OF IL | LLINOIS | | MM / DD / YYYY | |
| Case nu | mber | | | | | |
| (If knowr | n) | | | | | |
| Offic | cial Form 106J | | | | | |
| Sch | edule J: Your | Expenses | | | | 12/1 |
| Be as o | omplete and accurate a | as possible. If two married peop needed, attach another sheet to t very question. | | | | |
| | this a joint case? | Schola | | | | |
| | No. Go to line 2. | in a concrete haveacheld? | | | | |
| | | e in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 mi | nust file Official Form 106J-2, Exper | nses for Separate Housel | hold of Deb | otor 2. | |
| 2. D c | you have dependents? | | , | | | |
| | | | C. B. C. L. G. C. L. | 1 | D I | Barrie I and I and |
| | not list Debtor 1 and btor 2. | ■ Yes. Fill out this information to each dependent | <u> </u> | | Dependent's age | Does dependent live with you? |
| D. | not atota the | | | | | □ No |
| | not state the pendents names. | | Son | | 19 | Yes |
| | | | | | | □ No |
| | | | Daughter | | 20 | Yes |
| | | | | | | □ No |
| | | | | | _ | ☐ Yes |
| | | | | | | □ No □ Yes |
| ex | your expenses include penses of people other urself and your depend | r than | | | | Li Tes |
| expens | te your expenses as of | oing Monthly Expenses your bankruptcy filing date unle e bankruptcy is filed. If this is a s | | | | |
| the value | | h non-cash government assistan and have included it on <i>Schedule</i> | | | Your exp | enses |
| | e rental or home owner yments and any rent for t | ership expenses for your resident the ground or lot. | ce. Include first mortgage | 4. 3 | \$ | 1,400.00 |
| lf r | not included in line 4: | | | | | |
| 4a | . Real estate taxes | | | 4a. S | \$ | 0.00 |
| 4b | | er's, or renter's insurance | | 4b. \$ | \$ | 40.00 |
| 4c | | repair, and upkeep expenses | | 4c. | · | 0.00 |
| 4d | . Homeowner's associated the Homeowner's associa | iation or condominium dues | | 4d. 5 | · | 0.00 |

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| Debt | tor 1 Anita Johnson | | Case num | ber (if known) | |
|----------|--|---|--------------|----------------|----------------------------|
| 6. | Utilities: | | | | |
| J. | 6a. Electricity, heat, natural gas | | 6a. | \$ | 270.00 |
| | 6b. Water, sewer, garbage collection | | 6b. | · - | 0.00 |
| | 6c. Telephone, cell phone, Internet, satell | lite, and cable services | 6c. | | 400.00 |
| | 6d. Other. Specify: | inte, and cable services | 6d. | | 0.00 |
| , | Food and housekeeping supplies | | ou. 7. | · | - |
| | | | | | 550.00 |
| 3. | Childcare and children's education costs | | 8. | \$ | 0.00 |
| | Clothing, laundry, and dry cleaning | | 9. | \$ | 50.00 |
| | Personal care products and services | | 10. | | 150.00 |
| | Medical and dental expenses | | 11. | \$ | 40.00 |
| 2. | Transportation. Include gas, maintenance, | bus or train fare. | 12. | ¢ | 201.00 |
| 2 | Do not include car payments. | | | · | |
| | Entertainment, clubs, recreation, newspa | | 13. | · · · — | 0.00 |
| | Charitable contributions and religious do | onations | 14. | \$ | 0.00 |
| 5. | Insurance. | | | | |
| | Do not include insurance deducted from you | ır pay or included in lines 4 or 20. | 45. | c | 2.22 |
| | 15a. Life insurance | | 15a. | | 0.00 |
| | 15b. Health insurance | | 15b. | | 0.00 |
| | 15c. Vehicle insurance | | 15c. | | 145.00 |
| | 15d. Other insurance. Specify: | | 15d. | \$ | 0.00 |
| 6. | Taxes. Do not include taxes deducted from | your pay or included in lines 4 or 20. | | | |
| | Specify: | | 16. | \$ | 0.00 |
| 7. | Installment or lease payments: | | | | |
| | 17a. Car payments for Vehicle 1 | | 17a. | \$ | 620.00 |
| | 17b. Car payments for Vehicle 2 | | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | | 17d. | \$ | 0.00 |
| | Your payments of alimony, maintenance, | and support that you did not report as | | · | |
| ٠. | deducted from your pay on line 5, Schedu | | 18. | \$ | 0.00 |
| 9. | Other payments you make to support oth | | | \$ | 0.00 |
| | Specify: | - | 19. | | |
| 0. | Other real property expenses not include | d in lines 4 or 5 of this form or on Sche | dule I: Yo | our Income. | |
| | 20a. Mortgages on other property | | 20a. | | 0.00 |
| | 20b. Real estate taxes | | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's ins | surance | 20c. | | 0.00 |
| | 20d. Maintenance, repair, and upkeep expe | | 20d. | · | 0.00 |
| | 20e. Homeowner's association or condomin | | 20a. 20e. | | 0.00 |
| 4 | | mum dues | | · - | |
| 1. | Other: Specify: | | 21. | +\$ | 0.00 |
| 22. | Calculate your monthly expenses | | | | |
| | 22a. Add lines 4 through 21. | | | \$ | 3,866.00 |
| | 22b. Copy line 22 (monthly expenses for De | btor 2), if any, from Official Form 106.I-2 | | \$ | |
| | | | | · | 0.000.00 |
| | 22c. Add line 22a and 22b. The result is you | ur montniy expenses. | | \$ | 3,866.00 |
| 23. | Calculate your monthly net income. | | | L | |
| | 23a. Copy line 12 (your combined monthly | income) from Schedule I | 23a. | \$ | 4,161.00 |
| | 23b. Copy your monthly expenses from line | | 23b. | | 3,866.00 |
| | 200. Sopy your monthly expenses from line | o 220 abovo. | 200. | | 3,000.00 |
| | 23c Subtract your monthly expenses from | your monthly income | | | |
| | 23c. Subtract your monthly expenses from The result is your <i>monthly net income</i> . | | 23c. | \$ | 295.00 |
| | The result is your monthly het income. | • | _00. | <u> </u> | |
| 24 | Do you expect an increase or decrease in | your expenses within the year after yo | u file this | form? | |
| | For example, do you expect to finish paying for you | | | | e or decrease because of a |
| | modification to the terms of your mortgage? | , | 5 0 - 1 | | |
| | ■ No. | | | | |
| | ☐ Yes. Explain here: | | | | |
| | L 165. LEAPIGITTIETE. | | | | |

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| Fill in this info | rmation to identify your | caso: | | | |
|---------------------|---------------------------------------|---------------------------|----------------------------|------------------|---|
| | | case. | | | |
| Debtor 1 | Anita Johnson First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | Sankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | - |
| Official For | m 106Dec | | | | |
| Declara | tion About a | n Individual | Debtor's Sc | hedules | 12/15 |
| , , | 18 U.S.C. §§ 152, 1341, 1 gn Below | 519, and 5571. | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out b | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| Under pen | alty of perjury, I declare | that I have read the sumi | mary and schedules filed | | , |
| that they a | re true and correct. | | | | |
| X /s/ Ani | ita Johnson | | X | | |
| | Johnson ure of Debtor 1 | | Signature of I | Debtor 2 | |
| Date | June 15, 2017 | | Date | | |

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| EIII | in this inform | ation to identify you | r case: | | | |
|--------------------|--|---|--|---|---|---|
| | btor 1 | Anita Johnson | case. | | | |
| DCI | DIOI I | First Name | Middle Name | Last Name | | |
| l | btor 2 buse if, filing) | First Name | Middle Name | Last Name | | |
| | | kruptcy Court for the: | NORTHERN DISTRICT (| | | |
| | | initiapito y Count for the | | | | |
| | se number nown) | | | | - | Check if this is an mended filing |
| Sta | as complete a | of Financial | ible. If two married people a | | equally responsible for sup | |
| | | ore space is needed,). Answer every que | | this form. On the top of any | / additional pages, write you | ır name and case |
| Pai | rt 1: Give D | etails About Your Ma | arital Status and Where You | ı Lived Before | | |
| 1. | What is your | current marital statu | is? | | | |
| | □ Married■ Not marr | ied | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List | all of the places you l | ived in the last 3 years. Do n | ot include where you live now | <i>'</i> . | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. state | | | | | ity property state or territory ico, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pai | rt 2 Explain | n the Sources of You | r Income | | | |
| 4. | Fill in the total | I amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including parter together, list it only once ur | | ndar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$25,529.58 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Debtor 1 Anita Johnson

| | | | | Debtor 1 | | Debtor 2 | | |
|----|--|---|--|--|---|--|-------------------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | or last calen anuary 1 to | | 31, 2016) | ■ Wages, commissions, bonuses, tips | \$55,622.00 | ☐ Wages, comr bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| | or the calend anuary 1 to | | | ■ Wages, commissions, bonuses, tips | \$48,631.00 | ☐ Wages, comr bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | Operating a b | ousiness | |
| 5. | Include include and other winnings. List each s | come regare public bene If you are fi | dless of wheth efit payments; ling a joint cas the gross inco | e during this year or the two ler that income is taxable. Exa pensions; rental income; inter- le and you have income that y ly me from each source separat | imples of other income are all est; dividends; money collect ou received together, list it of | ed from lawsuits; r | oyalties; and btor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | ome | Gross income (before deductions and exclusions) |
| Pa | rt 3: List | Certain Pa | ayments You | Made Before You Filed for E | Bankruptcy | | | |
| 6. | Are either □ No. | Neither Dindividual During the No. Yes | primarily for a 90 days befor Go to line 7 List below e paid that crunot include | es debts primarily consumer lebtor 2 has primarily consumer personal, family, or household re you filed for bankruptcy, did a cach creditor to whom you paid editor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years | mer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in ts for domestic support obligations bankruptcy case. | of \$6,425* or more n one or more payr ations, such as chi | e? ments and th ld support an | ne total amount you nd alimony. Also, do |
| | Yes. | | | r both have primarily consure you filed for bankruptcy, did | | of \$600 or more? | | |
| | | ■ No. | Go to line 7 | | | | | |
| | | □ Yes | List below e include pay | each creditor to whom you paid ments for domestic support of this bankruptcy case. | | | | |
| | Creditor' | s Name an | d Address | Dates of payme | nt Total amount | Amount you | Was this p | ayment for |

still owe

paid

Case 17-18172 Doc 1 Filed 06/15/17 Entered 06/15/17 12:14:59 Document Page 43 of 63 ase number (*if known*) Debtor 1 Anita Johnson Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened accounts or refuse to make a payment because you owed a debt? Nο

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your

Yes. Fill in the details.

Creditor Name and Address Describe the action the creditor took Date action was Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and

Describe the gifts

Dates you gave the gifts

Value

Address:

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| 14. | Within 2 years before you filed for bankro ■ No □ Yes. Fill in the details for each gift or c | | | ns with a total | value of more than | \$600 to any charity? |
|--|--|-----------|---|-----------------|--|---------------------------|
| | Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy or | since you filed for bankruptcy, did y | you lose anytl | ning because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Include | the amount that insurance has paid. Loc claims on line 33 of Schedule A/B: | _ist pending | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | | | , , | | |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or placed any attorneys, bankruptcy petition position of the consultation of the consulta | oreparin | g a bankruptcy petition? | | | rty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | 'ou | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| | Law Office of Jason Blust 211 W. Wacker Suite 300 Chicago, IL 60606 | | \$330.00 paid pre-petition toward attorney fee of \$4,000.00, filling f \$310.00, and expenses of \$20.0 (\$4,000.00 to be paid in chapter | fee of 00 | 2017 | \$330.00 |
| 17. | Within 1 year before you filed for bankrupromised to help you deal with your cred Do not include any payment or transfer that No Yes. Fill in the details. | ditors or | to make payments to your creditor | | r transfer any prope | rty to anyone who |
| | Person Who Was Paid Address | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than putransferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your propert include gifts and transfers that you have already listed on this statement. No | | | | | | |
| | Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you | | Description and value of property transferred | | nny property or received or debts change | Date transfer was made |

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Debtor 1 Anita Johnson

| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote- | | y property to a | self-settle | d trust or similar device | of which you | ı are a |
|-----|--|--|-------------------|-------------------------|---|-------------------|---------------------------------|
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of trust | Description and v | alue of the pro | perty trans | sferred | Date Trans | sfer was |
| Pa | Irt 8: List of Certain Financial Accounts, Insti | ruments. Safe Denosit | Boxes, and St | orage Unit | ·s | | |
| | <u> </u> | • | • | J | | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associately associated to the cooperative of t | other financial accou | nts; certificates | of deposi | | | , |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | | Last 4 digits of account number | Type of acco | unt or | Date account was closed, sold, moved, or transferred | before cl | balance osing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for | bankruptcy, a | ny safe de _l | posit box or other depo | sitory for sec | urities, |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you have it? | |
| 22. | Have you stored property in a storage unit or | nlace other than your | homo within 1 | voor bofor | ro you filed for bankrup | tov2 | |
| ۷۷. | riave you stored property in a storage unit or | place other than your | nome within i | year beroi | e you med for bankiup | icy: | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you have it? | |
| Pa | rt 9: Identify Property You Hold or Control fo | or Someone Else | | | | | |
| | | | | _ | | | |
| 23. | Do you hold or control any property that som for someone. | eone else owns? Incli | ude any proper | ty you bor | rowed from, are storing | for, or hold i | 1 trust |
| | No Two transfers | | | | | | |
| | Yes. Fill in the details. | 18 (1) 1 - 1 | | D " | 41 | | V-l |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | | Value |
| Pa | rt 10: Give Details About Environmental Infor | mation | | | | | |
| For | the purpose of Part 10, the following definition | ns apply: | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s | air, land, soil, surface | e water, ground | | | | dous or |
| | Site means any location, facility, or property a to own, operate, or utilize it, including dispos | - | environmental | law, wheth | er you now own, opera | te, or utilize it | or used |
| | Hazardous material means anything an enviro | nmental law defines | as a hazardous | waste ha | zardous substance toy | ic substance | |

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Anita Johnson

| 24. | Has any governmental unit notified you that y | you may be liable or potentially liable | under or in violation of an environme | ntal law? |
|-----|--|--|--|--------------------|
| | ■ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of a | • | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admi | inistrative proceeding under any envi | ronmental law? Include settlements a | nd orders. |
| | ■ No □ Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | 11: Give Details About Your Business or C | connections to Any Business | | |
| 27. | Within 4 years before you filed for bankruptc | y, did you own a business or have an | y of the following connections to any | business? |
| | ■ A sole proprietor or self-employed in | a trade, profession, or other activity, | either full-time or part-time | |
| | ☐ A member of a limited liability compa | ny (LLC) or limited liability partnershi | ip (LLP) | |
| | ☐ A partner in a partnership | | | |
| | ☐ An officer, director, or managing exe | cutive of a corporation | | |
| | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | |
| | ☐ No. None of the above applies. Go to Pa | art 12. | | |
| | Yes. Check all that apply above and fill i | n the details below for each business | i. | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security n | umber or ITIN. |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | |
| | | lawn maintenance | EIN : 061782893 | |
| | 2613 W. 89th Place Evergreen Park, IL 60805 | | From-To 2007 - now | |
| | Within 2 years before you filed for bankruptc institutions, creditors, or other parties. | y, did you give a financial statement t | o anyone about your business? Inclu | de all financial |
| | No | | | |
| | Yes. Fill in the details below. | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | |
| | trainiber, oureet, only, state and zir code) | | | |

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| Part 12: Sign Below | |
|---|--|
| are true and correct. I understand that ma | t of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers king a false statement, concealing property, or obtaining money or property by fraud in connection up to \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ Anita Johnson | |
| Anita Johnson Signature of Debtor 1 | Signature of Debtor 2 |
| Date June 15, 2017 | Date |
| Did you attach additional pages to Your s ■ No □ Yes | tatement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did you pay or agree to pay someone wh | is not an attorney to help you fill out bankruptcy forms? |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - The Debtor(s) and Attorney have entered into an advance payment retainer for pre-filing and pre-confirmation work including, but not limited to, pre-filing bankruptcy advice, preparation of the petition and Chapter 13 plan, pre-filing bankruptcy planning, filing of the case, and any amendments necessary for confirmation. Pre-filing work is performed periodically as payments are received.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$330.00.
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$330.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: June 15, 2017 | | |
|---|---|--|
| Signed: | | |
| /s/ Anita Johnson | /s/ Jason Blust, Law Office of Jason Blust | |
| Anita Johnson | Jason Blust, Law Office of Jason Blust #6276382 | |
| | Attorney for the Debtor(s) | |
| Debtor(s) | | |
| Do not sign this agreement if the amounts a | are blank. | |

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | re Anita Johnson | | Case No. | | | | |
|------|--|--|--|----------------------------------|-------|--|--|
| | | Debtor(s) | Chapter | 13 | | | |
| | DISCLOSURE OF COMPENSA | ATION OF ATTOF | RNEY FOR DI | EBTOR(S) | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 | | | |
| | Prior to the filing of this statement I have received | | | 0.00 | | | |
| | Balance Due | | | 4,000.00 | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensat | tion with any other person | unless they are mem | bers and associates of my law | firm. | | |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names o | | | | A | | |
| 5. | In return for the above-disclosed fee, I have agreed to render | legal service for all aspects | s of the bankruptcy (| case, including: | | | |
| | a. Analysis of the debtor's financial situation, and rendering a b. Preparation and filing of any petition, schedules, statemen c. Representation of the debtor at the meeting of creditors an d. Representation of the debtor in adversary proceedings and e. [Other provisions as needed] In Chapter 13 cases, the Court-Approved Reter | nt of affairs and plan which and confirmation hearing, an d other contested bankruptc | n may be required; and any adjourned hea by matters; | urings thereof; | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fee does | s not include the following | service: | | | | |
| | CI | ERTIFICATION | | | | | |
| this | I certify that the foregoing is a complete statement of any agree bankruptcy proceeding. | eement or arrangement for | payment to me for re | epresentation of the debtor(s) i | n | | |
| _ | June 15, 2017 Date | /s/ Jason Blust, Law C Jason Blust, Law C Signature of Attorney Law Office of Jason 211 W Wacker Driv STE 300 Chicago, IL 60606 (312) 273-5001 Fa | Office of Jason Blus on Blust, LLC ve | st #6276382 | | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Anita Johnson | | Case No. | | |
|-------|--|---|----------------------------|----------------|--|
| | | Debtor(s) | Chapter 13 | | |
| | VEI | RIFICATION OF CREDITOR M | ATRIX | | |
| | | Number of Creditors: | | | |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | ors is true and correct to | the best of my | |
| Date: | June 15, 2017 | /s/ Anita Johnson Anita Johnson Signature of Debtor | | | |

Allied Collection Services 8550 Balboa Blvd Suite 232 Northridge, CA 91325

American InfoSource LP as agent for Verizon POB 248838 Oklahoma City, OK 73124

Ashley Funding c/o Resurgent Capital Services POB 10587 Greenville, SC 29603

AT&T 225 W Randolph St Floor 27A Chicago, IL 60606

Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

City of Chicago Parking Dept of Revenue PO Box 88292 Chicago, IL 60680

City of Hometown c/o Municipal Collections of Americ 3348 Ridge Rd Lansing, IL 60438

Comcast Cable PO Box 3002 Southeastern, PA 19398

ComEd
3 Lincoln Center
Attn: Bankruptcy Dept
Oakbrook Terrace, IL 60181

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

Diversified Svs Group Attention: Bankruptcy Department 1824 W Grand Ave - Suite 200 Chicago, IL 60622

Doctor Green Services ABC Credit & Recovery POB 3722 Lisle, IL 60532

Dsnb Bloomingdales Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Evergreen Park Community High Schoo 9901 S Kedzie Ave Evergreen Park, IL 60805

Evergreen Park Police Dept 9420 S Kedzie Ave Evergreen Park, IL 60805

Fst Premier 601 S Minneapolis Ave Sioux Falls, SD 57104

Harris 111 W Jackson, Suite 600 Chicago, IL 60604

Illinois Bell Telephone Company One AT&T Way, Room 3A104 Bedminster, NJ 07921

Illinois Lending Corporation 724 W Washington Blvd 1st Floor Chicago, IL 60661

Illinois Tollway 2700 Ogden Ave Downers Grove, IL 60515

IRS Special Procedures - Insolvency PO Box 7346 Philadelphia, PA 19101

MCOA Village of Worth 3348 Ridge Rd Lansing, IL 60438

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Oak Trust Credit Union 1807 W Diehl Naperville, IL 60566

PNC c/o Heavner, Beyers & Mihlar POB 740 Decatur, IL 62525

Quantum3 Group LLC PO Box 788 Kirkland, WA 98083-0788

Sir Finance Corp 6140 N. Lincoln Ave Chicago, IL 60659

Southern Auto Finance Company 6700 N Andrews Ave # 5 Fort Lauderdale, FL 33309

Td Auto Fin Po Box 9223 Farmington Hills, MI 48333 TD Auto Financial Td Auto Finance Po Box 551080 Jacksonville, FL 32255

Us Dept of Ed/Great Lakes Educational Lo 2401 International Madison, WI 53704

US Dept of Education Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116

Verizon 500 Technology Dr Suite 500 Weldon Spring, MO 63304

Village of Worth c/o Municipal Collections of Americ 3348 Ridge Rd Lansing, IL 60438

Visa Dept Store National Bank Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Whynotlease 1750 Elm St Manchester, NH 03104

William Kelsor 2613 W. 89th Place Evergreen Park, IL 60805